

FORM 768 (REV. 8-02) WARNING: "ANY FALSE STATEMENT IN THIS AFFIDAVIT IS A VIOLATION OF LAW, AND MAY BE PUNISHED BY FINE OR IMPRISONMENT, OR BOTH (301.420)." QUESTIONS SHOULD BE REFERRED TO (573) 751-4509.

COMPLETE INFORMATION AS REQUIRED

I, the undersigned, do hereby certify that					
indicated item was \Box	LACEMENT NEEDED Duplicate Title Replacement Plate Replacement Tab the lost, stolen, or mutilated. If item is later found, it will be returned to the Missouri Department of Revenue. ated, it must be submitted with this request. If a plate was lost, please specify which law enforcement agency was				
	2. NON-USE the motor vehicle described on the attached application has not been operated on public roads or highways of Missouri by myself, or my agent during the period of				
to					
3. GIFT I am giving this motor vehicle to					
and there is no money or other valuable consideration involved in the transaction.					
4. VEHICLE OUT OF STATE the vehicle described below has not been in the state of Missouri for the 60 day period immediately preceding the date of this application for registration and will be submitted for inspection at an official inspection station within 10 days after entering the state by myself, or my agent.					
5. I am a trustee named in the trust and am authorized to act on behalf of the trust agreement, and transfer ownership of the vehicle described below.					
6. NAME CHANGE My name has been changed from					
to due to D marriage or divorce and that I am one and the same person.					
7. ABANDONED VEHICLE ON REAL PROPERTY the vehicle described below was abandoned on real estate owned or purchased by me located at (address, city, state):, and has an approximate retail/fair market value of \$ List circumstances by which the real property owner came into possession of the abandoned vehicle:					
8. Other					
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OWNER (TYPE OR PRINT)		YEAR	MAKE		MODEL
SIGNATURE OF OWNER					
VEHICLE IDENTIFICATION NUMBER		ORIGINAL TITLE NUMBER		CURRENT LICENSE NUMBER	
NOTARY PUBLIC - (ONLY R	EQUIRED ON ITEM 1 OR 2)				
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL			COUNTY (OR CITY OF ST. LOUIS)		
SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF			USE RUBBER STAMP IN CLEAR AREA BELOW.		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	002 110332		
NOTARY PUBLIC NAME (TYPED OR PRINTED)					
MO 860-0301 (8-02)					DOR-768 (8-02)